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| **北京大学肿瘤医院《住院/专科医师规范化培训计划》登记表** | | | | | | | | | | | | | | | | |
| 基本情况 | 姓名 |  | 性别 | | | |  | | 出生年月 | |  | | 所在科室 | |  | |
| 最高学历 | |  | | | | | | | | 获得时间 | |  | | | |
| 最高学位  （需填写类型） | | (专业型/科研型/临博8年) | | | | | | | | 获得时间 | |  | | | |
| 毕业院校 | |  | | | | | | | | 毕业时间 | |  | | | |
| 所学专业 | |  | | | | | | | | 导师姓名 | |  | | | |
| 联系电话 | |  | | | | | | | | E-mail | |  | | | |
| 是否通过执业医师考核 | | |  | | | | | 执业医师证书号 | | |  | | | | | |
| 是否参加过住院医师规范化培训 | | | | | | | |  | | | 有无住培证 | | |  | | |
| （拟）住培考试时间 | | | | | | | |  | | | （拟）专培考试时间 | | |  | | |
| 已轮转科室 | 现培训阶段已轮转内容 | | | | | | | | | | | | | | | |
| 轮转科室 | | | (月) | | 轮转科室 | | | | | (月) | 轮转科室 | | | | (月) |
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| 计划轮转科室 | 轮转科室 | | | | 应轮转时间（月） | | | | 计划轮转时间 | | | | | | | |
| （月） | 从何年月至何年月 | | | | | | |
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| **\***备注：（其他所需说明的事项） | | | | | | | | | | | | | | | | |
| 本人承诺以上信息真实可靠。    填写人： 日期： | | | | | | | | | | | | | | | | |
| 导师审核意见（**\***仅研究生填写）：  导师签字： 日期： | | | | | | | | | | | | | | | | |
| 科室意见（**\***仅住院医填写）：      科室主任签字： 日期： | | | | | | | | | | | | | | | | |
| 教研室审核意见：      教研室主任签字： 日期： | | | | | | | | | | | | | | | | |

**备注：**

**1、除“\*”标准的栏目可根据情况不一定填写外，其余栏目不可为空。**

**2、《住院/专科医师规范化培训计划》登记表一旦完成，应严格按照此计划进行，若自行变更导致培训不能按期完成者，后果自负。**

**3、请A4纸正反两面打印。**